

Medical Expenditure of Injured Building Construction Workers: Difficulties and Solutions

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Abstract: Construction workers frequently deal with hazardous work environments. Because of dangerous working conditions, heavy machinery falls, and a lack of protective gear, construction site accidents can result in significant injuries. Due to the expensive costs of treatment, hospital stays, medications, and rehabilitation, many wounded workers also experience salary loss throughout their recuperation, which exacerbates their financial hardships and places a significant financial strain on them and their families. Many workers, particularly migrant and daily wage workers, find it difficult to cover medical expenses and prescription drugs. The problem is made worse by a lack of health insurance, delayed pay, and restricted access to high-quality medical care.

Keywords: Construction workers, Working condition, hazardous industry, serious injuries, hospital bills, medical expenses, loss of income.

I. INTRODUCTION

One of the most dangerous sectors of the global economy is construction sector. Risks that workers face include falls, electric shocks, injury from heavy machinery, and collapsing structures. When accidents happen, employees not only endure bodily harm but also financial difficulties as a result of lost wages and medical costs. Construction site injuries can lead to expensive medical costs, lost income, and financial strain for workers and their families. Lack of health insurance, delayed reimbursement, and restricted access to adequate medical facilities, present challenges for many injured workers. Construction workers in many developing nations lack savings and health insurance. Families may therefore take out loans in order to cover the cost of treatment. This study looks at the medical costs incurred by injured construction workers, the main obstacles to treatment and compensation, and potential ways to lessen their financial burden and enhance their general well-being.

II. OBJECTIVES OF THE STUDY

1. To understand the medical expenses faced by injured construction workers.
2. To identify the financial difficulties caused by workplace accidents.
3. To examine the impact of injuries on workers' families.
4. To suggest solutions for reducing medical expenditure problems.

III. MEDICAL EXPENDITURE DIFFICULTIES FACED BY INJURED WORKERS

Problem of medical bill: Construction is a high-risk industry with frequent, severe injuries that lead to devastating medical debts. Falls and equipment accidents require intensive care, surgeries, and long hospital stays. Workers often need emergency trauma teams, neurosurgeons, and orthopaedic specialists. Long-term physical therapy is usually required to regain mobility. Workers' compensation claims are frequently delayed, disputed, or denied by employers. Out-of-network emergency care results in massive, unexpected "surprise bills." "Medical bills compound rapidly while the worker is unable to earn wages.

Medicines expenses: Building construction workers face severe financial strain due to the high cost of medicines. Out-of-pocket medical bills eat up a massive chunk of their daily wages. Workers frequently borrow from contractors at



high interest to pay for prescriptions. Many leave illnesses untreated or skip doses because pills cost too much. Daily exposure to dust and heavy lifting causes long-term respiratory and muscle pain.

Loss of Daily Income: This is the term used to describe the immediate money that a construction worker loses when an injury sustained on the job keeps them from performing their usual shifts. Due to the fact that many construction workers are paid on an hourly or daily basis, missing even one day puts them in immediate financial hardship. The majority of daily wage workers do not have paid sick leave. However, the main drawback of this subject is that lost income coincides with the onset of medical expenses. Additionally, the worker's immediate dependents lose their main source of income for necessities like rent and food.

Compensation problem for Injured Workers: While waiting for insurance pay-outs, injured construction workers typically take out loans or use credit to make ends meet. Many workers have to take out loans only to pay for essential living expenses and medical bills because their daily income ends instantly. Workers frequently use high-interest credit cards or payday loans, and litigation cash advances provide rapid cash but come with hefty costs that reduce potential compensation. However, losing cars, houses, or collateral can frequently result from loan failure. Additionally, the accrued interest from a brief injury can result in years of financial difficulty.

Extreme financial burden: Due to their immediate loss of income and growing medical expenses, injured construction workers are under extreme financial duress. Worker's compensation only covers a small portion of regular salary when an employee is not at work. It frequently takes weeks or months for initial insurance pay-outs to arrive. Regular financial help is stopped when insurers contest injuries. Surgery and rehabilitation costs quickly mount up out of pocket.

Effect on Family Life: When an injured construction worker has financial hardship, the effects go well beyond their own health and seriously disturb the household as a whole. Partners must work longer hours or take up additional employment to prevent financial hardship. Additionally, it spouses carer shifts. Family members may feel worn out from taking care of medical issues. Participation in family activities is limited by physical pain and stress.

IV. SOLUTIONS TO REDUCE MEDICAL EXPENDITURE PROBLEMS

Ensuring the medical recovery of wounded workers and preventing debt are dependent on the provision of dependable health insurance. Workers' compensation: By law, it pays for all medical expenses associated with injuries. After leaving their job, COBRA enables employees to maintain their union or workplace insurance. ACA marketplaces: Provides workers who lose their employer's coverage with discounted options. Medicaid offers low-income injured workers free or inexpensive medical care.

The only approach to prevent workplace injuries and save workers and their families from financial disaster is to implement strong safety regulations. Install dependable perimeter harnesses, safety netting and sturdy guardrails for fall prevention. Scaffold safety: Require secure anchoring by qualified individuals and daily inspections. Trench shoring: To avoid cave-in, use protective boxes and structural supports. Equipment guards: Install working safety switches on all power tools and machinery.

Government welfare programs offer vital financial assistance, medical support, and disability benefits to help injured construction workers recover without incurring significant debt. Disability Ex-Gratia: Cash transfers in the amount of 1,00,000 to 4,00,000, depending on how severe the permanent or partial impairment is. Disability Pension: Monthly benefits (usually between 1,000 and 3,000) for employees who have been rendered permanently crippled by accidents at work. Fatal Accident Relief: If an injury causes death, the family's dependents will receive financial compensation (up to 5,00,000) directly.

Having access to free or inexpensive medical care keeps wounded construction workers from accruing enormous debt while they heal. BOCW Welfare Boards: State boards directly pay for or repay registered workers for hospital stays, medications, and surgeries. ESIC Hospitals: At specialised clinics and affiliated hospitals, the Employees' State Insurance Corporation offers comprehensive medical care at no cost.



Ashman Bharat (PM-JAY): Provides qualified low-income families with cashless secondary and tertiary hospital stays up to 5 lakhs annually. Public Government Hospitals: Civil and municipal hospitals provide treatment, emergency surgeries, and essential medicines at zero or nominal costs.

Government welfare boards, laws, and focused public health initiatives all play a major role in providing free or inexpensive medical care to injured construction workers. Specialised regulatory frameworks are in place to protect these vulnerable unorganised workers from catastrophic healthcare costs because construction is still one of the most dangerous sectors.

In India, the Employees' Compensation Act of 1923 and state-specific welfare organisations generally regulate the legal right to compensation for injured construction workers. If an employee is hurt on the job, the employer is required by law to compensate them financially, depending on how serious the injury was.

The main way that disadvantaged construction workers can access their legal rights to health, safety, and compensation is through awareness campaigns. Governments, non-governmental organisations, and trade associations conduct specialised outreach programs to close serious information gaps because a large percentage of construction workers is unorganised and highly migratory.

VI. CONCLUSION

Although construction workers are crucial to the growth of the country, many of them experience serious financial hardships as a result of job accidents. For injured workers and their families, debt, medical costs, and lost income present significant obstacles, as well as general health. Due to high treatment expenses, lost wages, lack of insurance, and delayed compensation, injured construction workers confront serious medical and financial challenges. To lessen their burden, practical solutions like increased workplace safety, mandatory health insurance, prompt financial aid, and awareness of welfare programs are crucial. Construction workers can benefit from improved financial security and healthcare support if the government, businesses, and labour organisations cooperate together.

REFERENCES

1. Aggarwal, S. (2003), Challenges for Construction Industries in Developing Countries, Proceedings of the 6th National Conference on Construction, 0 – 11 November, CD ROM, Technical Section 5, Paper No.1, 2.
2. Arumugam, (2012), Socio-economic Status of Workers of Building Construction Industry in Tamil Nadu, Enian Publishers, Chennai.
3. Atchi Reddy (1993), Some Aspects of the quality of Work Life of the Construction Workers in Hyderabad City”, The Indian Journal of Labour Economics, Vol.36, No.4, PP. 841– 847
4. Bon, R. (2000), Economic Structure and Maturity, Collected Papers in Input-Output Modelling”, Agate Publishing Company, UK. Bon,
5. R. and Crosthwaite, D. (2000), The Future of International Construction, Thomas Telford, London, PP. 47– 51.
6. International Labour Organization (ILO). Safety and Health in Construction.
7. World Health Organization (WHO). Occupational Health and Safety Reports.
8. Employees’ Compensation Act, India, 1923.
9. Building and Other Construction Workers Welfare Board (BOCW), India.
10. British Safety Council Reports on Construction Worker Safety.

